

ISSUE DATE: 10/10/10 (For additions:) (pages)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AM	33	9/18
O.I.P.E. CLASSIFIER		10	9/18
FORMALITY REVIEW		6874	8-26-10

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
1	1	51		110	
2	2	52		112	
3	3	53		113	
4	4	54		114	
5	5	55		115	
6	6	56		116	
7	7	57		117	
8	8	58		118	
9	9	59		119	
10	10	60		120	
11	11	61		121	
12	12	62		122	
13	13	63		123	
14	14	64		124	
15	15	65		125	
16	16	66		126	
17	17	67		127	
18	18	68		128	
19	19	69		129	
20	20	70		130	
21	21	71		131	
22	22	72		132	
23	23	73		133	
24	24	74		134	
25	25	75		135	
26	26	76		136	
27	27	77		137	
28	28	78		138	
29	29	79		139	
30	30	80		140	
31	31	81		141	
32	32	82		142	
33	33	83		143	
34	34	84		144	
35	35	85		145	
36	36	86		146	
37	37	87		147	
38	38	88		148	
39	39	89		149	
40	40	90		150	
41	41	91			
42	42	92			
43	43	93			
44	44	94			
45	45	95			
46	46	96			
47	47	97			
48	48	98			
49	49	99			
50	50	100			

If more than 150 claims or 10 actions
staple additional sheet here

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